

## **Brief Treatment Consent Form**

Congratulations on taking the first step in choosing to live a healthier lifestyle. Today, we will spend about an hour together to discuss your lifestyle and the impact substance use may have on your goal of becoming healthy. You may receive some benefits from your session, including making some goals about your health and quality of life. At the same time, you may experience sadness as we talk through situations. You may also find that not all of your issues have been resolved. If you choose, we can schedule some future sessions depending on your wellness goals. At the end of our session today or future sessions, you may choose to have further treatment. If you do, I can help you select a treatment plan that meets your health goals. If anything we discuss makes you feel uncomfortable, you do not have to answer the questions. If you choose to not come back for further sessions, that is your choice.

I have read and understand the benefits of the aspects that may be uncomfortable des that my participation is voluntary.	•
Name	Date
Signature	Date
Witness Signature	Date